

- ☐ APPROVED
☐ INCOMPLETE - Resend
☐ DENIED - Reason:

PROVIDER REQUEST FOR TRANSPORTATION SERVICES

THIS FORM IS ONLY FOR DISCHARGES DURING NORMAL
BUSINESS HOURS M-F 8AM TO 5 PM. PLEASE ALLOW 3
HOURS FOR TRANSPORTATION SERVICES
FOR AFTER HOURS DISCHARGES
PLEASE CALL: 855-264-6368

First Transit
Colorado NEMT
13111 East Briarwood Avenue, Suite 260
Centennial, CO 80112
Line: 855.264.6368
Fax: 303.790.4386
www.medicaidco.com

Requesting Organization Information

Your Organization Name: _____ Today's Date/Time: _____ AM PM
 Your Name: _____ Title/Relationship: _____
 Your Fax Number: _____ Your Telephone Number: _____

Client Information:

Client Name: _____ Medicaid Number: _____
 (Last) (First) _____
 Date of Birth: _____

Trip Information

Origin	Destination
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Location Name: _____ Room # _____	Location Name: _____ Room # _____
Location Telephone #: _____	Location Telephone #: _____
Physician Name _____	

Schedule - please complete ONLY one section

Trip Reason (Be Specific): Preferred Provider: _____ 1 st Transit cannot guarantee the preferred provider	Additional Equipment Check all that apply: Oxygen <input type="checkbox"/> _____ LPM Monitor <input type="checkbox"/> Advanced Airway <input type="checkbox"/> 72hr MHH <input type="checkbox"/> IV Meds <input type="checkbox"/> Special Precautions <input type="checkbox"/> Other (Describe): _____
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Transport Mobility Needs - (Please select the medically most appropriate mode of transportation that will meet the client's needs)

- | | | |
|--|---|--|
| <input type="checkbox"/> Ambulatory - Includes all modes of transportation from personal vehicle to public transportation and paratransit services. | <input type="checkbox"/> Wheelchair - Includes standard and electric wheelchairs and three wheeled scooters. | <input type="checkbox"/> Non-Emergency Ambulance - please note support level required:
_____ BLS _____ ALS |
|--|---|--|

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Signature of Requesting Person

Date Signed

REV 5/11/13

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